



STATE OF NEW JERSEY
PUBLIC EMPLOYMENT RELATIONS COMMISSION
PO Box 429
TRENTON, NEW JERSEY 08625-0429

For Courier Delivery
495 West State St.
Trenton, NJ 08618

PETITION FOR CONTESTED TRANSFER
DETERMINATION

INSTRUCTIONS: Complete Sections 1 through 7. Please type or clearly print. File an original and 9 copies of this petition with the Public Employment Relations Commission, together with proof of the service of a copy of the petition on the employer listed in Section 3 below.	<u>DO NOT WRITE IN THIS SPACE</u>
	DOCKET NO.
DATE FILED:	
1. PETITIONER	
Full Name:	
Address of Petitioner (Street and Number, City, State and Zip Code):	
Name and Title of Representative to Contact:	Telephone No.
Attorney/Consultant Representing Petitioner (if any):	Telephone No.
Attorney/Consultant Address (Street and Number, City, State and Zip Code):	
2. AFFECTED EMPLOYEE IF PETITIONER IS AN EMPLOYEE ORGANIZATION	
Full Name:	
Address of Employee (Street and Number, City, State and Zip Code):	
Name and Title of Representative to Contact:	Telephone No.
Attorney/Consultant Representing Employee Organization (if any):	Telephone No.
Attorney/Consultant Address (Street and Number, City, State and Zip Code):	
3. PUBLIC EMPLOYER	
Full Name:	County:
Address of Public Employer (Street and Number, City, State and Zip Code):	
Name and Title of Representative to Contact:	Telephone No.
Attorney/Consultant Representing Public Employer:	Telephone No.
Attorney/Consultant Address (Street and Number, City, State and Zip Code):	
4. DETAILS OF THE TRANSFER <i>(Include date of receipt of notice of transfer and employee's work sites before and after transfer)</i>	
5. STATEMENT OF SPECIFIC FACTUAL ALLEGATIONS SUPPORTING CONTENTION THAT BASIS FOR TRANSFER BETWEEN WORK SITES IS PREDOMINATELY DISCIPLINARY <i>(Attach all documents and affidavits supporting the petition's factual allegations)</i>	
(Continued on back)	

[illegible]

6. INDICATE ALL OTHER ACTIONS BEFORE THE COMMISSION OR ANY OTHER ADMINISTRATIVE AGENCY, ARBITRATOR OR COURT, WHICH INVOLVE THE SAME OR SIMILAR ISSUES

<input type="checkbox"/>	Petition to Initiate Compulsory Interest Arbitration Docket No. _____ Date Filed: _____	<input type="checkbox"/>	Request for Submission of Panel of Arbitrators Docket No. _____ Date Filed: _____
<input type="checkbox"/>	Notice of Impasse Docket No. _____ Date Filed: _____	<input type="checkbox"/>	Representation Petition Docket No. _____ Date Filed: _____
<input type="checkbox"/>	Unfair Practice Charge Docket No. _____ Date Filed: _____	<input type="checkbox"/>	Petition for Issue Definition Determination Docket No. _____ Date Filed: _____
<input type="checkbox"/>	Scope of Negotiations Petition Docket No. _____ Date Filed: _____	<input type="checkbox"/>	Other Contested Transfer Petitions Docket No. _____ Date Filed: _____
<input type="checkbox"/>	Related Filings at Other Administrative Agencies Docket No. _____ Date Filed: _____	<input type="checkbox"/>	Other (explain)

7. CERTIFICATION

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Signature	Title
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Title	Date
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Date _____